

- ☒ No additional claim fee is required.
- ☐ Charge \$_____ to Deposit Account No. 50-4586 for the fees due.
- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☒ Charge \$405.00 (\$405.00 for RCE) to credit card for the fee due.

Respectfully submitted,

GAVRILOVICH, DODD & LINDSEY LLP

Date February 16, 2010

By: /Joseph R. Baker, Jr./
Joseph R. Baker, Jr.
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